Learning Conversation Notes	
Name of Partner:	Date:
Tahoe Truckee Dental Health Program	11/16/05
Number of Families with Children 0-5 and Children 0-5 Served:	Ages:
Prevention Placticas:	Prevention Placticas
Total Families: 28	∠1: 8
Total Children 0-5: 37	Age 1: 6 Age 2: 5
	Age 4: 5
Intervention Dental Screenings:	Age 5: 6
Total Families: 192 Total Children 0-5: 192	Intervention Dental Screenings ∠1: 0
	Age 1: 0
* Additional demographics on survey,	Age 2: 8
treatment tracking and follow-up	Age 3: 26
participants captured in attachments.	Age 4: 71
	Age 5: 87
When Served:	Gender:
April – October 2005	Prevention Placticas
	Girls: 18
	Boys: 19
	Intervention Dental Screenings
	Girls: 84
	Boys: 108
	Prevention Placticas
	Ethnicity:
	Hispanic: 37
	Anglo: 0
	Intervention Dental Screening:
	Ethnicity:
	Latino: 139
Convergation Portionanta, Haidi Kalba as	Anglo: 53

Conversation Participants: Heidi Kolbe, consultant; Don Ferretti, Placer First 5; Nancy Baggett, Placer First 5; Kathleen McHugh, Kings Beach School Readiness; Gladys Wilson Marshall, Kings Beach FRC; Cris Hennessey, Kings Beach FRC; Gail Tondettar, Placer County HHS; Sylvia Ambriz, Kings Beach FRC; Ruth Hall, Truckee School Readiness; Marta Cerna, Truckee Dental Promotora; Sarah Coolidge, Kings Beach FRC; Olivia Palomino, Kings Beach Dental Promotora; Seana Doherty (Facilitator); Kim Bradley (Recorder)

Outcomes:

- All children 0-5 who participate in the program will have good oral health
- All parents of children 0-5 served through the program will understand and demonstrate good oral health practices
- More dental capacity will exist locally to serve any oral health needs of children 0-

Performance Measures:

- Demographics
- Records and Pre and Post Surveys from the "Sonrisitas" Program
- Tracking and Follow-Up visits
- Stories with pictures
- Increase in Dental Providers serving 0-5

What is this data telling us about achievement of outcomes? *Demographics:*

- During the summer there was less activity in the dental program because Dental Health Coordinator was on maternity leave and parents were busy with summer activities.
- For dental screenings, 19% of participants were Anglos.
- Easier to reach children for intervention through pre-school they are a captive audience!
- Harder to reach parents for prevention activities.
- <1 yrs seem to be significant that people learn dental education early and helps reach the "good oral health" outcome.
- Prevention strategies are reaching the younger ages.
- All age groups (<1 − 5 yrs) are being served through the program.
- All children (2-5yrs) in North Lake Tahoe that were given school permission were screened.
- Observation: Kings Beach Parents seem to be receptive to dental education.
- Story: Truckee Parent wasn't aware of dental problems in child's mouth until the Promotora pointed it out and educated her.
- Based on a review of surveys, 100% agree that the first teeth are important. Increase
 in knowledge about importance in caring for first teeth from survey results reviewed
 in the previous Learning Conversation.

Surveys: (please see attachment for specific data results)

- 19 Pre Surveys, 24 Post Surveys, 86 Three Month Evaluations
- Question #3 (Do you use dental floss?) staff found that through dental care awareness the responses went down because their knowledge increased.
- The result of implementing more 2 hour placticas vs 4 hr placticas has increased participation
- Question #1 (Name a place where you can receive low cost dental care?), more success and awareness of where to get help in the 4 hour plactica
- Question #7 (What mineral is important for dental health?), data shows there is a 65% increase in parental understanding about how minerals are important for dental health.
- Q #7 Observation: Whatever the program is doing for education strategies around calcium and fluoride appears to be working well.
- Q #7 2 hour placticas demonstrated an increase in knowledge from 80% on the pre-survey to 100% on the post-survey

3 Month Evaluations: (please see attachment for specific data results)

- Question #1, response back from 22 out of 66. It was noted.. only 22 received a copy
 of the new survey that included this question
- Question #3, 3 out of 19 did not use dental floss after taking the class
- Encouraging flossing is one of the most challenging aspects of the program
- Question #4, 48 of the 68 children reached through the classes have been to the dentist in the last six months (73.5%)
- Observation: data is showing that people are going to the dentist more often after taking the class.
- Anecdotally there is a need for parents to understand the need to visit the dentist for prevention instead of crisis.
- Question #5, data indicates that not all the dental visits being reported are for problems
- Observation: there is an immediate dental response whenever there is pain involved.

Tracking and Follow-Up on Dental Visits:

• The process is working and people are positively responding to the follow-up letters and phone calls sent after school screenings.

In what ways will we apply what we have learned from our data?

- Good strategy to talk to parents that are already part of a captive audience
- The way the program is designed seems to be a good fit for age groups served keep it going
- There is the capacity to serve more children will hire more Promotoras, including an Anglo, English Speaking person
- Look at school policy around screening, especially in Truckee and Tahoe City
- Due to the pattern of participant responses going down after the training, you may
 want to do the pre and post surveys at the end together. Look at when is the right
 time to administer the surveys. Look at how to make the administration and
 questions more appropriate.
- Make it a priority in the 2 hour placticas that participants know where to go to get dental care and access health insurance.
- Look at question #7 on the survey to decide what we are trying to teach and why.
- Overall the 2 hour placticas were more effective in educating parents and getting more people, however they were less effective on getting information on where to go for services.
- At 3 months, there was good retention of information regardless if it was a 2 hour or 4 week training across all areas.
- Need to address ways to help parents access resources for fluoride
- Look at survey to ask if children are going to dentist for crisis or health check-up and how often are you going to the dentist?
- Look into getting information about the state of the children visiting the dental clinic, ex % for prevention, crisis, on-going treatment. May help determine the direction the Dental Task Force needs to take in the future.
- Look at Question #5 to divide the pain and prevention components out into a 2 part question so you can differentiate. Put back in the survey.
- Currently, there is not the capacity locally to serve all the dental health needs of children being screened.
- As a way to a way to increase capacity of local oral health services...talk to local
 dentists to explore more proactive ways to expand the capacity of dental services in
 Truckee ex. Tooth Mobile Van come up more often, open up a dental office on the
 weekends, inviting a pediatric dentist as part of a possible partnership with the
 California Dental Association, possible partnering with Tahoe Forest Hospital
- On the Dental Comparison Group, need to define "the same" so there is clearer definition of what happened "the same poor" and "the same good"
- Use this data as baseline data for next group that has better access to services.
- Need to find a provider to do deeper-end treatments ex. pediatric sedation
- Strategizing is needed to help kids not be afraid to go to the dentist encourage school field trips to dental offices and clinics
- Question #1 (low cost clinic) reword to make less confusing, ex. community dental clinic instead of low-cost

Other points that were made during the conversation:

- Dental Screenings were done in preschool in Tahoe City and only one child needed dental treatment.
- Observation: There is a reduction in medical neglect in dental health issues reported to CSOC from 4 years ago.
- Observation: If we expanded the level of sedation (nitrous oxide) administered it would allow dentist to treat more 3 year olds.
- Observation: Be open about possibilities to overcome previous history in community.
- Placer County received a Healthy Families Grant to provide preventative education and treatment for children ages 5-18.

Next Steps:

- Next Learning Conversation is May 10, 2006
- The Dental Program is currently revising the tool used to gather pre and post data as well as discussing ways to administer it.
- Also report on the applications of learning at the next Learning Conversation.